

MULTIPLE DEPEN.
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIM

SERIAL NO.

10/564374

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3		(1)					
4		(1)					
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7		(1)					
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9	1						
10		(1)					
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50							
TOTAL IND.	3	↓		↓		↓	
TOTAL DEP.	21	←	←	←	←	←	←
TOTAL CLAIMS	24	↓	↓	↓	↓	↓	↓

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99							
100							
TOTAL IND.		↓		↓		↓	
TOTAL DEP.		←	←	←	←	←	←
TOTAL CLAIMS		↓	↓	↓	↓	↓	↓